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| <b>MULTIPLE DEPENDENT CLAIM<br/>FEE CALCULATION SHEET</b><br>Substitute for Form PTO-1360<br>(For use with Form PTO/SB/06) |  |        |   |        |                           |        | Application Number<br><div style="font-size: 1.2em; font-family: cursive;">09/742,993</div> |        | Filing Date |        |       |        |
|--|--|--------|---|--------|---------------------------|--------|---|--------|-------------|--------|-------|--------|
| Applicant(s)   |  |        |   |        |                           |        | May be used for additional claims or amendments   |        |             |        |       |        |
| CLAIMS   | AS FILED<br><div style="font-size: 1.2em; font-family: cursive;">5-16-05</div> |        | AFTER FIRST<br>AMENDMENT<br><div style="font-size: 1.2em; font-family: cursive;">6-6-05</div> |        | AFTER SECOND<br>AMENDMENT |        |   |        |             |        |       |        |
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| Total<br>Indep   | 1  |        |   |        |                           |        |   |        |             |        |       |        |
| Total<br>Depend  | 2  |        |   |        |                           |        |   |        |             |        |       |        |
| Total<br>Claims  | 3  |        |   |        |                           |        |   |        |             |        |       |        |

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